IMPAIRED PROFESSIONALS PROCEDURE (IPP)
TASK FORCE COMMITTEE
MAY 27, 2009

PRESENT: Sheryl Graeber; Edward Krall; Kevin Martin (joined 12:16 p.m.); Julia Nelson; Sandra Osborn (joined 12:17 p.m.); Judy Warmuth; Ernest Witzke; Shawnee Daniels-Sykes, Jack Zwieg, Sharon Henes, Burt Wagner (joined 12:09 p.m.); Barbara McKinney (joined 12:50 p.m.), Jeanette Lytle

ABSENT: Jeanne Severson

STAFF: Tom Ryan, Bureau Director; Rebecca McAtee, Bureau Assistant

CALL TO ORDER

Shawnee Daniels Sykes, Facilitator, called the meeting to order at 12:05 p.m. A quorum of 9 members was present.

APPROVAL OF AGENDA

Amendments:

- Between items C and D: "Structure of State PHPs"
- Powerpoint presentation inserts from California, Florida and Iowa before "Informational Items"

MOTION: Edward Krall moved, seconded by Julia Nelson, to approve the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 24, 2009

Amendments:

- Pg 10, Recommendations 7.05 (d) should be " drug screen test **results**"
- Revision of recommendation 16 to include that board will start with AODA cases, with the expectation of increasing the scope to other impairments at a later time.

MOTION: Jack Zweig moved, seconded by Sheryl Graeber, to approve the minutes as amended. Motion carried unanimously.

TASK FORCE RECOMMENDATIONS – CONTINUE DISCUSSION

Shawnee Daniels-Sykes discussed the possibility of additional meetings as the June 19, 2009 meeting is the final scheduled Task Force Committee gathering.

Structure of the Impaired Professionals Procedure Program – Possibilities

Edward Krall presented information on structure within other states from discussions with those working with state Physician's Health Programs (PHP).

- Of the 46 functioning PHPs, 100% cover AODA, 85-90% follow psychiatric conditions even if they stand alone, 70% of states also follow sexual misconduct issues.
- Reasoning for following these issues is due to the AMA definition of impairment - the inability to practice with reasonable skill or ability.
- Structure includes initial assessment, followed by intensive monitoring (face-to face visits). Programs offer groups run across the state as well as educational programs. As of August 2008, 5 states did not have a diversion program.
- Bottom line of recommendations from other states: Start conservatively with AODA – do that well and then consider expanding to other conditions.
- Florida has one of the best programs in the country (per Dr. Carr). Dr Palm is willing to come up and consult with the Task Force and share his materials (for a fee most likely) regarding set up of a program in Wisconsin.
- Each state differs in how programs are funded and what professions are covered.
- Keys to Success: Developing a relationship of trust with the Medical Board, maintaining confidentiality, encouraging professionals to report voluntarily.

The Task Force discussed options for funding the program and possible options for the structure of the program itself. Possible funding options that were discussed were the creation of a non-profit entity with foundation support, participant payment (average cost is $200 per month based on figures from Florida). There was also the idea of seeking co-sponsorship (from malpractice insurers for example). One concern of the Task Force is to not make the costs prohibitive for enrollees.

The average budget for an alternative program is $500,000. This cost includes a medical director position and other monitoring staff. Across states, costs range from several hundred thousand to 1.2 million dollars. (Sharon Henes noted that most other monitoring programs don't have the medical director position).

Outsourcing Possibilities and Staffing of IPP

There will likely be funding available within the proposed budget for the Medical Examining Board (MEB) for IPP services. Estimates on the cost of the program for MEB were based on figures taken from Minnesota. There will be further discussion on this topic once more is known about the budget.

The Task Force recommends keeping the IPP service in-house. Pros and cons of outsourcing and keeping the program in house were discussed.

Referral Process

One of the main goals of the Task Force is to increase the number of professionals self-reporting to the program. One method of doing this is by making IPP more desirable in relation to disciplinary action.

Currently, referrals are made due to conditionality of employment for some employers, regardless of the severity of the situation. Education could be provided to employers to distinguish how employees should be referred.

Another possibility is to offer a volunteer mentor program (e.g., Texas), or a peer support group system.

The Task Force recommended changing the name of the program from Impaired Professionals Procedure to "Professional Assistance Program" (PAP).

The idea of practice limitations was discussed. According to the Federation of State Physician Health Program (FSPHP) Guidelines, workplace restrictions are important as a part of a relapse prevention plan. The argument was made that cases need to be reviewed on an individual basis and the possibility of more narrowly tailored restrictions for PAP enrollees was discussed. The recommendation of the Task Force is that practice restrictions *may be applied* to participants of the program as necessary.

Exclusion and Inclusion Criteria Discussion

The Task Force discussed the situation of an enrollee that is advised to enroll by an employer and who is found to not have an impairment sometime after enrollment. In such cases, the participant may try to terminate from the program. Currently, once someone is enrolled, they must complete the program. In all cases where an individual wants to end their contract prior to the agreed upon date, the Task Force recommends that approval of the therapist be required and that a second opinion be obtained from an approved therapist that is paid for by the respondent.

The Task Force recommends that the rules be written so that participation in the program does not necessarily preclude disciplinary action by the Board. If DOE closes a case and then the participant drops out of the program, DOE may reopen the case.

Compliance/Completion Criteria Discussion

The electronic documentation processing provided by Affinity Health System, including automated reminders and online reporting, was discussed.

The Task Force made the recommendation that technology be used to streamline processes. Given this recommendation, staffing considerations were also discussed. Sharon Henes noted that the absolute minimum that would be required to run the program

would be 2.5 (preferably 3), with the caveat that if the program continues to expand, additional staff will be necessary.

The Task Force recommends that the Board Liaison decides whether to remove someone from the program for violations. This would be based on protocol set by the Board and would need to be a part of Board Liaison training.

Julia Nelson left the meeting at 3:41pm

INFORMATIONAL ITEMS

Noted

PUBLIC COMMENTS

None

OTHER TASK FORCE BUSINESS

None

NEXT STEPS

Recommendations will be in a more formalized format for the June 19th meeting.

Secretary Jackson will in all likelihood appear at the next meeting to discuss the budget and review recommendations.

ADJOURNMENT

MOTION: Burt Wagner moved, seconded by Sharon Henes, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 4:10 p.m.

NEXT MEETING: JUNE 19, 2009 AT 12:00 P.M.